

Milk Sanitation Honor Roll for 1963-64

Fifty-five communities have been added to the Public Health Service milk sanitation "honor roll" and 30 communities on the previous list have been dropped. This revision covers the period from January 1, 1963, to December 31, 1964, and includes a total of 201 cities and 123 counties.

Communities on the honor roll have complied substantially with the various items of sanitation contained in the milk ordinance recommended by the Public Health Service. The State milk sanitation authorities concerned report this compliance to the Service. The rating of 90 percent or more, which is necessary for inclusion on the list, is computed from the weighted average of the percentages of compliance. Separate lists are compiled for communities in which all market milk sold is pasteurized, and for those in which both raw milk and pasteurized milk are sold.

The recommended milk ordinance, on which the milk sanitation ratings are based, is now in effect through

This compilation is from the Milk and Food Branch, Division of Environmental Engineering and Food Protection, Public Health Service. The previous listing, with a summary of rules under which a community is included, was published in Public Health Reports, October 1964, pp. 930-932. The rating method is described in PHS Publication No. 678 (Methods of Making Sanitation Ratings of Milksheds).

voluntary adoption in 520 counties and 1,435 municipalities. The ordinance also serves as the basis for the regulations of 37 States. In 16 States it is in effect statewide.

The ratings do not represent a complete measure of safety, but they do indicate how closely a community's milk supply conforms with the standards for grade A milk as stated

in the recommended ordinance. High-grade pasteurized milk is safer than high-grade raw milk because of the added protection of pasteurization. The second list, therefore, shows the percentage of pasteurized milk sold in a community which also permits the sale of raw milk.

Although semiannual publication of the list is intended to encourage communities operating under the recommended ordinance to attain and maintain a high level of enforcement of its provisions, no comparison is intended with communities operating under other milk ordinances. Some communities might be deserving of inclusion, but they cannot be listed because no arrangements have been made for determination of their ratings by the State milk sanitation authority concerned. In other cases, the ratings which were submitted have lapsed because they are more than 2 years old. Still other communities, some of which may have high-grade milk supplies, have indicated no desire for rating or inclusion on this list.

Communities awarded milk sanitation ratings of 90 percent or more, January 1963-December 1964

100 PERCENT OF MARKET MILK PASTEURIZED

<i>Alabama</i>	<i>Colorado—Continued</i>	<i>Georgia—Continued</i>
Montgomery ----- 11-19-64	San Juan Basin ----- 9-20-63	Rome-Floyd County ----- 7- 8-63
<i>Arizona</i>	Archuleta County	Savannah ----- 12-13-63
Maricopa County ----- 2-27-64	Dolores County	Statesboro ----- 11-30-64
<i>Arkansas</i>	La Plata County	Thomasville ----- 10-16-64
Little Rock ----- 11- 5-63	Weld County ----- 10-23-64	Valdosta ----- 2-12-64
<i>Colorado</i>	<i>Georgia</i>	Washington ----- 2-28-64
Boulder County ----- 12- 8-64	Albany ----- 1-10-64	Waycross ----- 10- 2-64
Denver ----- 11- 5-64	Athens ----- 6- 5-64	<i>Kentucky</i>
El Paso County ----- 9-17-64	Atlanta-Fulton County ----- 11-23-64	Bardstown-Nelson County --- 5- 4-64
Mesa County ----- 4- 8-63	Augusta ----- 3-13-64	Bowling Green-Warren County 9-16-64
Northeast District ----- 10- 1-64	Cairo ----- 6-11-63	Brandenburg ----- 11-19-64
Logan County	Columbus ----- 12-20-63	Campbellsville-Taylor County 11-30-64
Morgan County	Dalton-Whitfield County --- 12- 2-63	Corbin ----- 7- 2-64
Phillips County	Douglas ----- 10-29-63	Covington-Kenton County --- 8-26-63
Sedgwick County	Fitzgerald ----- 3-27-64	Fulton-Fulton County ----- 10-26-64
Yuma County	Macon ----- 10-30-64	Glasgow ----- 10-26-64
	Newnan ----- 10-13-64	Harlan ----- 7-20-64
	Quitman ----- 10-18-63	Henderson-Henderson County 11-23-64

Communities awarded milk sanitation ratings of 90 percent or more, January 1963—December 1964—Continued

100 PERCENT OF MARKET MILK PASTEURIZED—Continued

<i>Kentucky—Continued</i>		<i>North Carolina—Continued</i>		<i>Oklahoma—Continued</i>	
Hopkinsville-Christian County	9-30-63	Brunswick County	7-17-63	Lawton	11-29-63
Lebanon-Marion County	9- 3-64	Buncombe County	3-14-63	Mangum	10-28-64
Louisville-Jefferson County	6-12-63	Cabarrus County	2-27-64	Oklahoma City	5-21-64
Madisonville	5-11-64	Caldwell County	11-19-63	Okmulgee	1-18-63
Maysville-Mason County	10-21-64	Camden County	12- 4-63	Ponca City	9- 3-64
Monticello-Wayne County	10- 7-63	Carteret County	12- 6-63	Shawnee	2-12-64
Morehead-Rowan County	7-10-63	Catawba County	1- 3-64	Stillwater	3-19-64
Newport-Campbell County	11-16-64	Chowan County	12- 4-63	Tahlequah	1-13-64
Owensboro-Daviess County	10-22-63	Cleveland County	3-18-64	Tulsa	11- 8-63
Richmond-Madison County	10-19-64	Craven County	5- 4-64		
Somerset-Pulaski County	8- 5-64	Cumberland County	6- 7-63	<i>Tennessee</i>	
Williamsburg	7- 2-64	Currituck County	8- 7-64	Athens	11-19-63
		Dare County	7-23-63	Bradley County	6- 2-64
<i>Mississippi</i>		Davidson County	8-27-64	Chattanooga-Hamilton County	11-20-63
Amory	5- 1-63	Durham County	6-26-64	Clarksville	2-17-64
Biloxi	8-27-63	Edgecombe County	6-24-64	Clinton	6-16-64
Brookhaven	11- 5-63	Forsyth County	8- 2-63	Coffee County	12- 9-63
Cleveland	7- 7-64	Gaston County	4-19-63	Cookeville	6-19-64
Columbus	4- 9-64	Gates County	12- 3-63	Covington	8-28-64
Greenville	7- 8-64	Guilford County	4-10-64	Elizabethton-Carter County	9-30-64
Greenwood	2-26-64	Harnett County	4-23-64	Erin	3-21-63
Grenada	9-20-63	Haywood County	11-12-64	Fayetteville-Lincoln County	6-29-64
Gulfport	1-16-64	Henderson County	2-11-64	Franklin County	2-11-63
Hattiesburg	1-22-64	Hertford County	12- 3-63	Gallatin	5- 1-63
Iuka	5- 7-64	Iredell County	10-29-63	Giles County	7-16-63
Jackson	1-24-63	Johnston County	12-12-63	Jackson-Madison County	5- 2-63
Kosciusko	4- 8-64	Lenoir County	3-26-64	Knoxville-Knox County	7-23-64
Laurel	3-14-63	Lincoln County	1- 3-64	Lebanon	6- 1-64
McComb	5-14-63	Madison County	6-25-63	Lewisburg	4- 8-63
Meadville	12-18-63	Martin County	10-22-63	Livingston	4-29-63
Meridian	7-24-63	Mecklenburg County	6-17-64	McMinn County	6- 2-64
Oxford	1-29-64	Montgomery County	8-29-63	McMinnville	12- 2-63
Picayune	6-25-64	Moore County	12- 6-63	Marion County	3- 8-63
Starkville	1-27-64	Nash County	8- 5-64	Maury County	10-12-64
Tupelo	7-15-64	New Hanover County	12-15-64	Meigs County	6- 2-64
Vicksburg	3-31-64	Northampton County	10-31-63	Memphis-Shelby County	9-12-63
West Point	4- 7-64	Onslow County	9-16-64	Monroe County	6- 2-64
		Pamlico County	9-16-64	Moore County	9-17-64
<i>Missouri</i>		Pasquotank County	12- 4-63	Mountain City	9-30-64
Cape Girardeau	4-21-64	Pender County	12- 2-63	Murfreesboro	6-18-63
Kansas City	7-20-64	Perquimans County	12- 4-63	Nashville-Davidson County	10-21-63
St. Joseph	7-16-63	Pitt County	10-21-63	Polk County	6- 2-64
St. Louis	6- 3-64	Randolph County	10-10-63	Rogersville	6- 3-63
St. Louis County	3-17-64	Richmond County	9-12-63	Sevier County	3-25-63
Sikeston	8-21-63	Rockingham County	11-16-64	Springfield	2- 3-64
Springfield	9-15-64	Rocky Mount	11- 5-64	Sullivan County (Bristol and Kingsport)	10-15-63
		Rowan County	3-16-64	Waverly	4-11-63
<i>Nevada</i>		Sampson County	2-11-64		
Yerington	1-28-63	Scotland County	8-13-63		
		Stokes County	10- 1-63	<i>Texas</i>	
<i>New Mexico</i>		Tyrrell County	7-24-63	Abilene	6-11-63
Albuquerque	8- 7-64	Union County	5-20-64	Amarillo	5-15-64
Clovis	6-27-63	Vance County	12-11-63	Beaumont	5-24-63
Farmington	6-27-63	Wake County	6-12-64	Brady	12- 6-63
San Juan County	7-15-64	Washington County	7-24-63	Brenham	3- 6-64
		Watauga County	5- 1-63	Bryan	3-12-64
<i>North Carolina</i>		Wayne County	7-11-63	Burkburnett	10-11-63
Alamance County	11- 8-63	Wilkes County	10- 1-63	College Station	3-12-64
Alexander County	1- 3-64	Wilson County	7-10-64	Corpus Christi	6-12-63
Alleghany County	5- 1-63			Dallas	9- 2-64
Anson County	5-14-63	<i>Oklahoma</i>		Donna	5- 4-64
Ashe County	5- 1-63	Arkmore	5-21-63	Edinburg	5- 4-64
Avery County	3-21-63	Atoka	5-23-63	El Paso	3-25-64
Beaufort County	8-18-64	Elk City	4- 9-64	Falfurrias	1-17-64
Bertie County	10-22-63	Enid	5- 6-64	Galveston	7-31-63
		Henryetta	6-26-63	Gonzales	7- 5-63

Communities awarded milk sanitation ratings of 90 percent or more, January 1963–December 1964—Continued

100 PERCENT OF MARKET MILK PASTEURIZED—Continued

<i>Texas—Continued</i>		<i>Utah</i>		<i>Wisconsin</i>	
Grand Prairie.....	3- 6-63	Logan.....	11-27-63	Beaver Dam.....	3-21-63
Harlingen.....	1-17-64	Ogden.....	11-27-63	Beloit.....	9-11-63
Houston.....	7- 6-64	Salt Lake City.....	11-27-63	Clintonville.....	12-19-63
Jacksonville.....	2-12-63			Fort Atkinson.....	6-25-64
Kerrville.....	5-13-64			Fond du Lac.....	6-30-64
Kingsville.....	11-11-63	<i>Virginia</i>		Green Bay.....	10-10-63
Lubbock.....	8-10-64	Charlottesville.....	5- 6-64	Kaukauna.....	11-11-64
Lufkin.....	4-20-64	Colonial Heights.....	4- 1-63	Kenosha.....	6-12-63
McAllen.....	5- 4-64	Lynchburg.....	6-23-63	La Crosse.....	4-16-64
Midland.....	2-13-64	Norfolk.....	5-20-64	Little Chute-Kimberly.....	12-18-63
Nacogdoches.....	5- 5-64	Petersburg.....	2-12-63	Madison.....	3-29-63
New Braunfels.....	3- 6-64	Richmond.....	4-24-64	Milwaukee.....	7-29-64
Paris.....	3-30-64	Roanoke.....	6-24-64	Neenah-Menasha.....	7- 1-64
Plainview.....	7-23-63			Oshkosh.....	3-18-63
Port Arthur.....	8- 7-64	<i>Washington</i>		Racine.....	8- 5-64
San Antonio.....	10-11-63	Bellingham.....	6-12-64	Ripon.....	3-21-63
San Benito.....	1-17-64	Spokane.....	5-15-64	Sheboygan.....	5-16-63
Texarkana.....	4-21-64	Tacoma.....	7- 3-63	Stevens Point.....	12-10-63
Tyler.....	2- 6-63	Walla Walla.....	8-27-64	Two Rivers.....	3-13-63
Victoria.....	9- 4-63			Waupun.....	3-21-63
Wichita Falls.....	10- 8-64			Wausau.....	4-24-64

BOTH RAW AND PASTEURIZED MARKET MILK¹

<i>Georgia</i>		<i>Oregon</i>		<i>Texas—Continued</i>	
Moultrie (92.4).....	7-12-63	Portland (99.74).....	4- 5-63	Marshall (98.6).....	5-15-63
				Waco (99.09).....	4-20-64
<i>New Mexico</i>		<i>Texas</i>		<i>Washington</i>	
Roswell (98).....	6-27-63	Austin (98).....	10- 5-64	Benton-Franklin Counties	
		Fort Worth (99.97).....	4- 5-63	(93.3).....	10- 7-64
<i>Oklahoma</i>		Laredo (98.3).....	12- 6-63	Seattle-King County (99.6)...	5-22-63
Norman (99.32).....	6- 9-64				

¹ Figures in parentheses show the percentage of the milk pasteurized.

NOTE: In these communities the pasteurized market milk shows a 90 percent or more compliance with the grade A pasteurized milk requirements, and the raw market milk shows a 90 percent or more compliance with the grade A raw

milk requirements, of the milk ordinance recommended by the U.S. Public Health Service.

Notice particularly the percentage of the milk pasteurized in the various communities listed. This percentage is an important factor to consider in estimating the safety of a city's milk supply. All milk should be pasteurized, whether commercially or at home, before it is consumed.



X-ray Equipment Survey in Polk County, Florida, September 1961–August 1963. *PHS Publication No. 999–RH–8*; by Edgar F. Seagle; September 1964; 91 pages. Describes a field study of diagnostic X-ray equipment used by all categories of practitioners of the healing arts. Discusses details of survey methodology, recordkeeping, and followup procedures. Summarizes attitudes of practitioners toward the program. Improvements in equipment and procedures resulted in a significant reduction in exposure of patients.

Procedures for Determination of Stable Elements and Radionuclides in Environmental Samples. *PHS Publication No. 999–RH–10*; edited by C. R. Porter, R. J. Augustine, J. M. Matusek, Jr., and M. W. Carter; January 1965; 83 pages. This manual of methods is used at the Public Health Service Southeastern Radiological Health Laboratory. Procedures are intended for use in the processing of relatively large numbers of samples for environmental surveillance. Includes sections on milk, food, biota, silt and soil, water, and on counting procedures as well as tables of selected radionuclide decay and ingrowth factors.

An Emanation System for Determining Small Quantities of Radium-226. *PHS Publication No. 999–RH–9*; by Richard L. Blanchard; 19 pages. Gives detailed account of construction, operation, and characteristics of an emanation system for determination of radium 226. The method is specific for this radionuclide and

is suitable for any type of sample that can be prepared in an aqueous solution. Sensitivity and reliability are specified.

Health Statistics From the U.S. National Health Survey. National Center for Health Statistics.

BLOOD PRESSURE OF ADULTS BY RACE AND AREA, United States, 1960–1962. *PHS Publication No. 1000, Series 11, No. 5*; July 1964; 20 pages; 25 cents.

HEART DISEASE IN ADULTS, United States, 1960–1962. *PHS Publication No. 1000, Series 11, No. 6*; September 1964; 43 pages; 35 cents.

HEART DISEASE IN ADULTS, United States, 1960–1962. *PHS Publication No. 1000, Series 11, No. 6*; September 1964; 43 pages; 35 cents.

NATALITY STATISTICS ANALYSIS, United States, 1962. *PHS Publication No. 1000, Series 21, No. 1*; October 1964; 67 pages; 45 cents.

Economic Benefits from Public Health Services. Objectives, methods, and examples of measurement. *PHS Publication No. 1178*; 31 pages; 30 cents. Includes papers by Richard A. Prindle, Clem C. Linnenberg, Jr., A. Peter Ruderman, George E. Mitchell, Dill D. Beckman, and John J. Hanlon and discussion at a symposium held in Kansas City, Mo., November 1963. Discusses purposes served by the estimating of economic benefits from health services in relation to support of budget proposals, from the local health department up. Also discusses the purposes of such estimating in relation to more comprehensive planning for use of re-

sources, as in the Commonwealth of Puerto Rico. Presents various methods of estimating benefits and examples of such estimating, with limitations on scope and feasibility of respective methods.

Congestive Heart Failure. Etiology, prevention, management. *PHS Publication No. 1218*; 1964; 40 pages; 20 cents. Discusses etiology, treatment, and prevention of congestive heart failure with emphasis on the public health approach to this increasingly serious problem in heart disease control. Manual should be of special interest to people directly responsible for patient care.

Smoking and Oral Cancer. *PHS Publication No. 1103–a*; 1964; 12 pages; 15 cents. Reprint of excerpts pertaining to oral cancer from a Report on Smoking and Health of the Advisory Committee to the Surgeon General of the Public Health Service. Contains factual information on the relationship of smoking to oral cancer. Includes tables and list of references. Material should be of special interest to dentists, physicians, pathologists, and others working in the field of oral cancer and oral cancer diagnosis.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington, D.C., 20201.

The Public Health Service does not supply publications other than its own.

BOONE, DOROTHY (Public Health Service), and MANNINO, FORTUNE V.: Cooperative community efforts in mental health. *Public Health Reports, Vol. 80, March 1965, pp. 189-193.*

The Mental Health Study Center, Public Health Service, has attempted to apply mental health principles and practices by participating with a number of other community agencies functioning in a variety of areas. In the area of family-life education, staff members have established a twofold relationship with a parent education program sponsored by the local school system. They are (a) collaborating with the director of the program in ways of gathering data on the characteristics of the participating parents and (b) providing consultation on the selection and training of lay discussion leaders, with special emphasis on establishing criteria for leadership selection and improving the training program by focusing on group functioning.

In the area of treatment, although an active clinic program is maintained, services are limited so as to conduct studies of selected therapeutic techniques and to investigate special problem areas, such as underachieving children. Clinic activities, however, are extended beyond the center's own treatment program, toward strengthening other agencies offering treatment and counseling to community residents. In line with this, a professional referral intake policy was devel-

oped to enable clinic staff to concentrate on those individuals most in need of psychiatric help and to work cooperatively with the referring agents who maintain responsibility for patients after their clinic contact.

Another area is participation with community agencies on specific, focused, time-limited projects, such as working with school officials to provide mental health services to a group of underachieving children receiving special educational services. Such endeavors require fairly intensive cooperation for a sustained period of time between the staffs of participating agencies and therefore provide opportunities for significant changes in attitude through interpersonal experiences.

The center has also engaged in research and evaluative projects with other community agencies in areas in which there is a common interest. Examples are a cooperative project with 15 community agencies related to the study of mental health resources available to community residents and a collaborative endeavor with the health department to evaluate an inservice training program in mental health for public health nurses.

ROSENBERG, HARRY M. (Public Health Service): Seasonal adjustment of vital statistics by electronic computer. *Public Health Reports, Vol. 80, March 1965, pp. 201-210.*

Birth rates, marriage rates, and death rates presented on a monthly basis have exhibited relatively stable seasonal patterns over a period of years. A method was developed recently by the Bureau of the Census, using an electronic computer, to establish the nature of these seasonal patterns and to remove the identified seasonal component from the time series of monthly data. The method is basically an adaptation of a standard technique, the ratio-to-moving-average method, for seasonally adjusting time series of economic data.

The application of the Bureau of the Census method to time series of the birth rate, the marriage rate, and the death rate is useful in the retrospective and current analysis of vital statistics. Good results are indicated for birth and marriage data, but present methods are not entirely suitable for dealing with mortality statistics. Continuing research on this subject should yield better approximations of the trend-cycle and an adequate method for isolating the epidemic component of mortality time series.

KARCH, KENNETH M. (Du Page County, Ill., Health Department): *Application of a data processing system to a swimming pool inspection program. Public Health Reports, Vol. 80, March 1965, pp. 211-219.*

Use of an automatic data handling and processing system enabled the Du Page County Health Department to assimilate and record quickly and accurately large volumes of data collected weekly by swimming pool inspectors during the 1963 season. Based on the inspectors' observations, pool operations were rated quantitatively.

Correlations of disinfectant and residuals and total bacterial counts indicated

that relatively high residuals are required to insure satisfactory samples. A greater percentage of bacterial samples with unsatisfactory counts were obtained from small pools than from large ones.

The results also indicated that frequent collection of quantitative data on pool operations is necessary in order to determine effects of poor operation on the quality of pool water.

SHWARTZ, SAMUEL (District of Columbia Department of Public Health) and VINYARD, JOHN H., Jr.: *Prenatal care and prematurity. Public Health Reports, Vol. 80, March 1965, pp. 237-248.*

The association of prenatal care and prematurity among 18,112 white women and 12,350 nonwhite women with premature liveborn infants was analyzed in relation to maternal age, parity, race, income level (nonwhite only), gestation age at delivery, and medical complication class. The data were obtained from the 1960 certificates of live births in the District of Columbia.

A significant association was found only in women with uncomplicated preg-

nancies who delivered in gestation week 36 and thereafter, and this association is independent of maternal age, parity, race, and income level. Whether the basis for this association is a causal relation between prenatal care and prematurity cannot be definitely determined from the available evidence. In any event, the presumed causal relation was shown to have a negligible effect on the overall incidence of prematurity in the study population.

ANDERSON, ELEANOR M. (University of Minnesota School of Public Health), and IRVING, JANE: *Uninterrupted care for long-term patients. Public Health Reports, Vol. 80, March 1965, pages 271-275.*

A plan for continuity of care for rehabilitated patients after discharge from the hospital is portrayed through the case study of one patient with residual hemiplegia following a cerebral vascular accident.

Early involvement of the family and the public health nurse in the patient's total plan of care demonstrated the effectiveness of such a program. Consideration for maintenance of the patient's maximum potential should be the responsibility of the hospital and the com-

munity. Lines of communication should be set up and activated if intensive and extensive rehabilitation programs are to be effected and justified. The efforts expended by the patient in overcoming severe disabilities and achieving independence after prolonged rehabilitation should not be lost through community neglect. The expenditure of time and effort by the rehabilitation team and of large sums of money by the family or community resource are justified only if the functional ability achieved is retained.

The nature of a paper, not its importance or significance, determines whether a synopsis is printed. See "Information for Contributors" on next page.